

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-018984**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **10**

Primary Registration District No. **3002**

Registrar's No. **148**

**FILED JUN 4 1963**

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		c. CITY OR TOWN <b>Wellsville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>217 N. 2nd. St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Earl</b> Middle <b>Craven</b> Last <b>Whitehead</b>		4. DATE OF DEATH Month <b>May</b> Day <b>25</b> Year <b>1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 15, 1880</b> 9. AGE (last birthday) <b>82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired clay worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Christy Clay Co Martinsburg, Mo</b>	
11. BIRTHPLACE (City and state or country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Henry Whitehead</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Craven</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT Address <b>Mrs. Wilma Flittner, Wahoo, Neb.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Right Heart failure</b> DUE TO (b) <b>Pulmonary Edema</b> DUE TO (c) <b>Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>3 A</b> Month, Day, Year <b>May 24, 1963</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Wellsville, Mo</b> COUNTY <b>Montgomery</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>May 24, 1963</b> to <b>May 25, 1963</b> and last saw her alive on <b>May 24, 1963</b> Death occurred at <b>3 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>William J. Galloway</b> (Degree or title)		22b. ADDRESS <b>112 N. Clark Street Waco, Tex.</b>	
22c. DATE SIGNED <b>5/27/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 27, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wellsville</b>	
23d. LOCATION (City, town, or county) <b>Wellsville, Mo</b>		23e. DATE RECD. BY LOCAL REG. <b>May 27-1963</b>	
24. FUNERAL DIRECTOR <b>Howard F. Myers, Wellsville, Mo.</b>		25. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	

USE BLACK INK  
OR

TYPEWRITER RIBBON  
*William J. Galloway MD*

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

196010-207

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Howard Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.